

Foster Family Home - Corrective Action Report

Provider ID: 2-160093

Home Name: Marites Cabaccang, CNA

15-1505 28th Ave Poha Street

Kea'au HI 96749

Review ID: 2-160093-4

Reviewer: Carol Copeland

Begin Date: 11/7/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify home and change to three client home. Home not in compliance on day of inspection. Plan of correction due to CTA by 12/7/19.

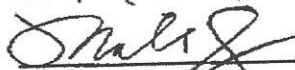
Foster Family Home Personnel and Staffing [11-800-41]

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e) No approval form in home binder for care giver # 2.


Compliance Manager


Primary Care Giver

11/12/19
Date

11-12-19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Marites Cibarrang

CCFFH Address: 15-1505 Poha St. Keanu HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8-9-1 41-e	I got the approval form from CTA for caregiver #2 & put a copy in my binder.	11-12-19	I will make sure that I have approval form for every caregiver in my home binder.

Primary Caregiver's Signature: _____

Marites Cibarrang

Print Name: Marites Cibarrang

Date of Signature: 11-12-19